

PRODUCER OF WASTE (Must be filled by producer)
Name (print or type): WESLOCK CO Code No.
Pick up Address: 13344 S. MAIN ST LA.
(Number) (Street) (City)
Telephone Number: P.O. or Contract No.:
Order Placed By: Date: 10-4-78
Type of Process which Produced Wastes: Code No.
(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil <u>SOL.</u> |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Wastes:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 50 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other 748K (specify)
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ronald L. ...
Signature of authorized agent and title

... liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

John Miller
Signature of authorized agent and title

Name (print or type): ALL AMERICAN OIL COMPANY Code No.
Business Address: 8655 So. Main Street, Los Angeles 90003
(Number) (Street) (City)
Telephone Number: 213-759-6145 Pick Up: 10-4-78 Time: 1:15 PM
(Date)
State Liquid Waste Hauler's Registration No. (if applicable): 118
Job No.: 04075 No. of Loads or Trips: 1 Unit No.: 001
Vehicle: ☒ vacuum truck 50 barrels, ☐ flatbed, ☐ other TANK (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES Code No.
Site Address: 2425 GARFIELD MONTERREY PARK CA

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
☐ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
other (specify): Code No.

If waste is held for disposal elsewhere, specify final location:

Disposal Date: 10/4/78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

1329503

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

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